

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY
NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by
a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

c. Prosthetic devices.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided.

d. Eyeglasses.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than
those provided elsewhere in the plan.

a. Diagnostic services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided.

OFFICIAL

*Description provided on attachment.

TN No. 99-007

Supersedes

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TN No. 86-04

State/Territory: MaineAMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY
NEEDYItem 12a Prescribed Drugs

Limited to prescribed medications, but excluding over-the-counter drugs (except insulin, artificial tears or lubricants, Ferrous Sulfate, Fumerate, and Gluconate, Calcium Carbonate, Lactate, and Gluconate, Diphenhydramine, and Quinine Sulfate, nicotinic acid, meclizine, and Nix), combination antibiotics, cold and cough preparations, vitamins and vitamin preparations (except B-12 for specified therapies), laxatives and stool softeners (with prior authorization), amphetamines, obesity control drugs, and injectibles (except in acute illness and when patient cannot take oral medication).

Item 12b Dentures

Limited to permanent dentures, with prior authorization required for partial dentures. Individuals age 21 and over with qualifying medical conditions, submitting requests for prior authorization, will be considered for full and partial dentures or other appropriate dental services under the adult dental services criteria. Prior to approving adult dental services the department determines that the provision of those services is medically necessary to correct or ameliorate an underlying medical condition, and will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition.

Item 12d Eyeglasses

Limited to first pair of eyeglasses for individuals not covered under EPSDT when the power is equal to or greater than +10 diopters. The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from one supplier.

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OFFICIAL

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Preventive services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Rehabilitative services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

b. Skilled nursing facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Intermediate care facility services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

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TN No. 86-07

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Item 13a. Diagnostic Services

Covered diagnostic services are limited to those services provided by mental health facilities licensed by the Department of Mental Health and Mental Retardation and recommended by a physician or other licensed practitioner of the healing arts.

Item 13b. Screening Services

Covered services are limited to V.D. Screening Clinic Services which include screening for sexually-transmitted diseases, cost and administration of medication, follow up and counseling.

Item 13c. Preventive Services

Covered preventive services are limited to services provided by mental health facilities licensed by the Department of Mental Health and Mental Retardation and delivered by a staff member who is a licensed practitioner of the healing arts within the scope of his/her practice under State law.

Item 13d. Rehabilitative Services

Rehabilitative Services are limited as follows:

1. Private non-medical institutions for substance abuse treatment, mental health services, child-care services, and services for people with mental retardation. Covered services include only detoxification, rehabilitation, extended care, extended shelter, halfway house, mental health and child-care services, provided to residents by qualified staff. These services may be provided by physicians, psychologists, psychological examiners, dentists, R.N.'s, L.P.N.'s, speech therapists, and other substance abuse counselors, M.S.W.'s, occupational therapists, and other qualified staff carrying out a written plan of care. Such plans of care or initial assessments of the need for services are recommended by a physician or other licensed practitioner of the healing arts. Covered Services also include administrative costs related to the provision of direct services.
2. Mental Health Services. Covered services include rehabilitation and community support services provided by staff of mental health facilities licensed or approved by the Department of Mental Health and Mental Retardation. These services may be provided by physicians, psychologists, psychological examiners, MSW s, psychiatric nurses, and qualified mental health staff carrying out a plan of care. Certain crises-oriented services may be provided to individuals under age 21 as home based mental health by facilities licensed by the Department of Mental Health and Mental Retardation.
3. Substance Abuse Treatment Services. Covered services include only those evaluation and clinical services provided under the direction of a physician or psychologist and delivered by qualified staff of an outpatient and/or on-residential facility certified as such by the Office of Alcoholism and Drug Abuse Prevention for the rehabilitation of substance abuse.
4. Day Health Services. Covered services are available for individuals requiring assistance with ADL's.

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TN No. 93-006

Item 13d. Rehabilitation Services (Cont.)

5. Rehabilitative Services. Covered services are available for individuals having a traumatic brain injury.
6. Early Intervention Services - are covered treatment services which are designed to enhance the development of children who have or are at risk for disabilities.
7. Environmental Investigations in Cases of Confirmed Lead Poisoning in a Child. Covered services include environmental investigations and lab analysis of soil, water and dust in primary and secondary dwellings and/or the land surrounding them.
8. School-Based Rehabilitative Services. Covered services include only those services referred by a Pupil Evaluation Team and included in an Individual Education Plan or an integral part of a program included in an Individual Education Plan or an evaluation necessary to determine the need for or scope of an Individual Education Plan. School-Based Rehabilitative Services commonly include a mixture of individual, group, and activities therapies and may also include therapeutic treatment oriented toward minimizing the effect of a child's disabling conditions(s) and/or to enhance or restore a child's physical or mental ability. These services may be provided by or under the supervision of a licensed practitioner of the healing arts within the scope of his or her practice under State law or other qualified staff authorized by the Maine Department of Education.
9. Residential Services - are covered medical or remedial services when determined to be necessary by a physician or other licensed practitioner of the healing arts.

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TN No. 96-002

AMOUNT, DURATION AND SCOPE OF MEDICAL
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- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

*Description provided on attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

/X/ Provided: /X/ With limitations // Not provided.

- b. Special tuberculosis (TB) related services under Section 1902(z)(2)(F) of the Act.

// Provided: // With limitations /X/ Not provided.

20. Extended services to pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

/X/ Provided // Additional coverage++

- b. Services for ~~any~~ other medical conditions that may complicate pregnancy.

/X/ Provided // Additional coverage++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

* Description provided on attachment.

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ATTACHMENT 3.1-A
Page 8a
OMB No.: 0938-

State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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11. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☒ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

12. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

13. Certified pediatric or family nurse practitioners' services.

Provided: ☒ No limitations ☐ With limitations*

cription provided on attachment.

No. 91-14
Supersedes Approval Date MAR 26 1992 Effective Date OCT 01 1991
No. 87-10

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law,
specified by the Secretary.

a. Transportation:

☒ Provided: ☐ No limitations ☒ With limitations*
(See Attachment to Attachment 3.1-B, Page 8)
☐ Not Provided

b. Services of Christian Science nurses

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not Provided

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

f. Personal care services in recipient's home, prescribed in accordance with a plan of
treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not Provided

g. Clozaril Monitoring Services

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not Provided

*Description provided on attachment.

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State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL SERVICES
AND CARE PROVIDED TO THE CATEGORICALLY

24f - Personal Care Services

Except as noted below personal care services are those services provided by a home health aide or certified nurses' aide and which are delegated and supervised by a registered nurse. These services must be prescribed by a physician in accordance with the client's plan of care. Individuals under the age of 21 may be eligible for any level of Personal Care Services. Individuals age 21 and over may be eligible for only the At Risk Level or the Extended level of Services. Individuals age 21 years and over shall receive a medical eligibility determination by the Department's authorized Assessing Services Agency. Medicaid covered services in the plan of care shall be prior authorized, coordinated and monitored by the authorized Home Care Coordinating Agency.

Personal care services in Private Non-Medical Institutions are provided by qualified medical and remedial services facility staff, other qualified mental health staff and qualified personal care service staff and are supervised by a registered nurse. Services must be prescribed by a physician in accordance with the client's plan of care.

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